

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

C- 1238122 SL 11163

-62-028459

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7105

FILED JUL 31 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Waynesville, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vets. Adm. Hospital		d. STREET ADDRESS (If outside, give location) P.O. BOX 412,	
3. NAME OF DECEASED (Type or print) First Middle Last Clyde A. Bostwick		4. DATE OF DEATH Month Day Year 7 18 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-97
9. AGE (last birthday) 65 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Springville, Minn.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Merton V. Bostwick		13b. MOTHER'S MAIDEN NAME Mary Ella Mulligan	
14. NAME OF HUSBAND OR WIFE Lucille Bostwick		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I	
16. INFORMANT Mrs. Lucille Bostwick, Waynesville, Mo.		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY INSUFFICIENCY DUE TO (b) CARCINOMA LUNG, RIGHT LOWER LOBE DUE TO (c) CARCINOMA LEFT LUNG, POST SURGICAL PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x		INTERVAL BETWEEN ONSET AND DEATH 24 hours UNKNOWN 6 years	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. I attended the deceased from 7/12/62 to 7/18/62 and last saw him alive on 7/18/62 Death occurred at 1:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John B. Shields, M.D.	
22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 7/18/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-19-62	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Waynesville, Mo.	
24. FUNERAL DIRECTOR Moss-Williams Funeral Home, Waynesville, Mo.		25. DATE RECD. BY LOCAL REG. JUL 19 1962	
26. REGISTRAR'S SIGNATURE Joan Smith, M.D.			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1

20850, 68

3

4 0

5 1

6

7 1

8 1

9

10

11

12 83-0

13

83

AUG 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Harry E Monroe*

Licensed Embalmer No. 4495

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.